

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047174

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1966

FILED DEC 30 1963

VS 300  
Rev. 4/59

1 0128

2 1110

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>2 DAYS</b>	c. CITY OR TOWN <b>PIEDMONT</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOCTOR'S HOSPT.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>PIEDMONT</b>
3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle <b>ELIZABETH</b> Last <b>CLARK</b>		4. DATE OF DEATH Month <b>DEC.</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/22/1888</b>
9. AGE (last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>REYNOLDS Co. Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>JOHN MONROE</b>	
14. MOTHER'S MAIDEN NAME <b>SARAH COX</b>		15. NAME OF HUSBAND OR WIFE <b>ZIMRI CLARK</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>NO</b>		17. SOCIAL SECURITY NO. <b>ZIMRI CLARK</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary infarction</b> DUE TO (b) <b>Cor Pulmonale</b> DUE TO (c) <b>Pulmonary fibrosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b> <b>2 years</b> <b>2 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary tuberculosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:00</b> a.m. <b>A</b> Month, Day, Year <b>Dec 22, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>POPLAR BLUFF, MO</b>	
20g. COUNTY <b>WAYNE</b>		20h. STATE <b>MO</b>	
21. I attended the deceased from <b>Sept 28, 1963</b> to <b>Dec 22, 1963</b> and last saw her alive on <b>Dec 21, 1963</b> Death occurred at <b>6:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert Engelhardt MD</b> (Degree or title)		22b. ADDRESS <b>Poplar Bluff, Mo</b>	
22c. DATE SIGNED <b>12-29-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-24-1963</b>	
23c. LOCATION (City, town, or county) <b>PIEDMONT</b>		23d. STATE <b>MO</b>	
24. FUNERAL DIRECTOR <b>GISH</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>		27. ADDRESS <b>PIEDMONT, MO.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Marven E. Bowles

Licensed Embalmer No.

4426

P. O. Address

Leadmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.